Secondly patients are recorded every time they come to the facility for minor problems so this inflates the total patient records.

2.4 Physical Condition of the Facilities

All of the facilities are made of mud and are generally in good condition. Six facilities have one room, three have two rooms and twelve have three rooms or more. In most of the larger facilities, the different activities are separated;, one room for consultations, one for dressings, one for storing and giving out drugs and one room for dental care or the laboratory.

It is important to have enough space to carry out activities effectively; most of those facilities with one or two rooms had greater problems of space and organisation; in fact only the basic health posts were seen to be functioning adequately in one room.

None of the clinics have electricity except one clinic in Charkh which has a generator (the facility of Shah-mazar also had a generator which was not working). The survey found that most of the facilities varied in cleanliness and tidiness; there was a general disregard for rules of hygiene and sanitation when it came to use of clean water and rubbish disposal. Water was either obtained from wells or karezes and in Charkh district directly from the river. None of the health personnel boiled the water before using it in their facilities although there is plenty of wood available for fuel. Sterilisation proceedures were good when used, for example gloves were used while dressings were done. The monitor noted that disposable syringes were re-used after being boiled in water as there were not enough supplies. It is apparent that public health messages are not sufficiently practised by those who should be preaching them.

2.5 Drug supplies.

All the facilities are provided with drug supply kits for free distribution by their supporting agency. Figures were collected relating to the gross weight of supplies provided to the facilities each year: a total of 8,068 Kg per annum; 5,738 kg in Baraki and 2,330 Kg in Charkh. As can be seen in the table below, SCA which supports 14 clinics provides 5,781kg per annum.

COMMITTEE	No OF CLINICS	TOTAL AMOUNT OF SUPPLY	PERCENTAGE PER YEAR
SCA	14	5718Kg	71%
MSH	6	2000Kg	25%
IMC	1	350Kg	4%
TOTAL	21	8068Kg	100%

The use of the drugs kits supplied were judged as good by AMIA's monitor because the kits vary according to the different qualifications of the health personnel in the facilities and do not include dangerous drugs. Unfortunately there is widespread drug abuse by all levels of medical personnel (even by the most qualified MDs) who prescribe for their patients the more dangerous drugs which are available in the local bazaars. Often patients are given five or six different types of drugs to buy and then they cannot afford to buy the complete course

2.6 Specialist Services and Equipment in the clinics.

Medical equipment again varied according to the qualifications and level of the health personnel in each facility. Every facility had a thermometer, but four facilities did not have stethoscopes. Three of these were basic health posts.

Dental instruments were present in nine facilities, six in Baraki and three in Charkh but a trained dental technician was only available in four cases. In the other cases the staff performing dental work were not formally trained but were mid-level health workers performing extractions.

The total recorded dental activity is low; 512 patients a month in Baraki and 285 in Charkh. Only three of the nine dental technicians have a serious dental activity of more than 100 patients per month: in De-dushambe and Shah-mazar facilities in Baraki district and Forqanyar-shahid in Charkh district.

Baby scales are available in five facilities: four in Baraki and one in Charkh; this means that a tremendous number of children under the age of one year that visit the local facilities are not weighed.

Five clinics have a laboratory, but in one of them there is no technician. In three of these laboratories the slides are kept in boxes after examination, in the others they are washed to be re-used. The sole laboratory in Charkh district made 203

examinations per month at the time of the survey; the cumulative monthly activity of the four laboratories of Baraki was 160 examinations a month for the same reporting period.

3. RESULTS FROM PART II - ASSESSMENT OF THE HEALTH PERSONNEL

3.1 Number of Health Personnel Located

According to the WHO's database of May 1992 there is a total of 170 health personnel in the two districts of Baraki and Charkh. AMIA found 106 in their survey and recorded their names, qualifications, years of experience and their present posts. This information has been recorded in a table giving the breakdown of the health facilities and staff in the survey area (see Appendix IV).

As can be seen in the breakdown some facilities have an extremely large number of staff. In eight of the twenty-one facilities the number of personnel range from between six to sixteen. There were also some high rates of staff absence, for example in Forqanhar-shahid facility in Charkh district, of eight staff only two were present when the clinic was surveyed. It is obvious that "unofficially" many personnel work on a part-time or casual basis (one day a week) because there is not enough work to keep them all occupied. This is particularly frequent amongst the mid-level health workers who are the largest category of personnel.

As a result of this chronic overstaffing patient figures per health personnel are very low. In the most active facility in Baraki district, Qala-e-Jaber which has 1140 patients per month and three staff, the average daily number of patients is 14.6 per member of staff (calculated with 26 working days per month). In Charkh the most active facility is Austad, in Qala-e-Naw, with 1,850 patients per month. This facility, however, has a staff of sixteen which means the average daily number is 4.4 patients per staff member. This is despite the fact, as we have already seen in Part I, that patient numbers are high in relation to the population figures.

3.2 Results of Skills Tests

Amongst the 106 personnel recorded in the survey area AMIA evaluated 75 in total: 57 staff in Baraki district and 18 in Charkh district. Twenty-six of the remaining staff were absent and five were not assessed as they were dental or laboratory technicians and the monitor was not qualified to assess them. (See summmary of the results and scores in Appendix VIII). The major aim of the skills check list (see copy in Appendix II) was to gain a general idea of the basic knowledge and practical skills of each individual assessed. The secondary aim was to see

in which areas the health personnel lacked knowledge and would benefit from re-training.

As should be expected with a fairly simple test like this on basic knowledge, the best scores (A and B) were obtained by the more qualified health staff. All twenty-one MD doctors, qualified nurses and assistant doctors who were assessed scored A or B. Amongst 35 mid-level health workers assessed, 14 scored A or B. Amongst 14 basic health workers and first aiders assessed, none scored A or B.

The mid-level health workers varied greatly in their knowledge and skills; some were good at examining a patient or doing a dressing; most of them were weak when treating common diseases, for example they made mistakes in the dosages of drugs.

The first aid technicians and basic health workers were weak in patient examination and the treatment of common diseases as they could diagnose very few diseases and knew only a few drugs.

The main weaknesses identified amongst staff with scores C and D were:

- insufficient basic knowledge of the common diseases;
- poor clinical examination which made it impossible to correctly diagnose diseases like child diseases;
- inappropriate use of drugs with over-prescription, principally in diarrhea. Simple rehydration and use of ORS was not usually recommended but instead antibiotics or IV fluids were given;
- in cases of prescription of antibiotics, a correct dosage was not respected. Correct dosages of common drugs were often ignored.
- lack of clinic management skills: data collection, cleanliness of the facility, maintenance and order of equipment.

3.3 Conclusions Regarding Skills Assessment

The three major areas where the skills of the medical personnel varied greatly, usually according to their training, were: clinic management, drug prescription and diagnosis of diseases. One area in which all personnel performed well was the practical dressing of wounds.

The survey also found that there was no public health care (PHC) practised by any of the medical personnel assessed; no explanation was given to the patients about their condition, no advice was given about preventive care, little explanation about the drugs prescribed and no recommendations concerning hygiene and nutrition for children. Despite this, some of the medical

personnel did have a basic knowledge of the topic, but had no concept of the importance of the dissemination of PHC messages.

3.4 Health Workers

The definitions of different categories of health personnel in current use can be misleading, so AMIA has listed the length of training of all personnel as well as their titles or posts (see Glossary). The main problem in evaluating the "mid-level health workers" is that this category of health personnel is the largest and most varied.

The training of mid-level health workers can range between four months to more than one year. The most qualified mid-level health workers are the assistant doctors with eighteen months training. The mid-level health workers have been trained by different organisations with different curriculae and have different skills; for example some have been trained in dental extraction or basic surgery and anaesthesia.

There were some general weaknesses amongst all those assessed which should be addressed through re-training. As a result of this survey, AMIA feels that the most effective way to assess the needs of individual "health workers" for re-training is to do field evaluations. These reveal the capacity of the health workers to deal with their patients and the health problems of the local community.

3.5 Female Health Workers

During the survey AMIA found only two female health personnel working in the facilities. One was a female nurse working with a male nurse in Qala-e-ahangaran in Charkh district. The female nurse was absent at the time of the survey but female patients over 16 years were the largest category of patients in this clinic making up 75% of the 770 patients per month. In Baraki district a female nurse is working alone in Khodaidad-shahid, Baraki-barak village. She sees approximately 870 patients a month and 47% of these are females over 16 years.

Both these females nurses saw a large percentage of women with gynaecological problems: 57% in Qala-e-Ahangaran and 52% in Khodaidad-shahid in comparison with the other facilities in the survey (see breakdown in Appendix VII). In Charkh district because the population is concentrated in one area the facility with the female nurse is fairly accessible to female patients and 577 female patients out of a total monthly female patient figure of 1,325 go to this facility (see breakdown in Appendix VI). In Baraki district even the more active facilities with higher monthly female patient figures, such as Shah-mazar (105) and Qala-e-Jabar (308), record only 1% or 2% for gynaecological problems. The female nurse in Baraki-barak did not keep records in her green book (she said she did not have enough time) so the

monitor estimated a monthly average based on 30-35 patients per day that he saw. According to those patients he recorded an average 450 female patients come to this nurse every month with gynaecological problems.

There are two reasons why it is clear that more "qualified" (by qualified we mean female nurses or MD doctors capable of diagnosing gynaecological problems) female health personnel are needed. Where there are female nurses working in facilities a large percentage of their adult female patients come for gynaecological reasons. For cultural reasons and also because of lack of training, male health personnel cannot examine female patients for this kind of problem and anyway the women find it hard to describe their problems accurately.

Secondly, women are evidently more restricted than men in their ability to travel. Hence female patients can visit their local clinic in Baraki district but few will travel outside their own local area; thus the female nurse in Baraki-barak village only sees women from the two immediate zones. There are a large number of potential female patients who cannot be treated until there are qualified female staff in every facility.

4. RESULTS FROM PART III - EPIDEMIOLOGICAL DATA COLLECTION

4.1 The source of data collection

As has been mentioned in the section on methodology, the only source of epidemiological data in the field are the registers filled in by the health personnel which are called "green books". Before drawing any conclusions from the tables presented in Appendixes VI and VII, some remarks have to be taken in account. The registers function mainly a report the health workers present to their supplying committees to justify the consumption of drugs provided. It is therefore difficult to use them as a key element of a health information system in Afghanistan because they may not even reflect the real activity of the health personnel.

In most of the clinics, scores of patients with minor complaints not related to a precise health problem do not receive any treatment and are therefore not always registered. These patients are mainly adults. In some cases, the health staff do not register the patients if they cannot give them drugs, for example when their supply has run out or when the drug they prescribe is not supplied.

On the other hand, patients may make repeated visits to the facility for the same problem, and they are registered each time they come. This was the case of children with diarrheal disease at the time of the survey and thus explains the huge number of children under one year reported in Baraki district.

4.2 Monthly number of patients and breakdown in categories of sex and age

Children under 16 years account for a large proportion of registered patients: 47% in Charkh district and 56% in Baraki (see Appendix VI). If we take a look at the break-down of the different categories of patients by sex and age in Baraki district we can see of a total monthly figure of 7,683 patients, 1,160 are are children under one year. The normal projected birthrate is 40 births per 1,000 population; therefore there should be approximately 2,400 children under one year in Barak district. If there are 1,160 registered patients under one year every month there is certainly something wrong. As mentioned above there was an outbreak of diahrrea in Baraki district during the survey which partly accounts for this figure. In Charkh district the number of children under one year registered per month was 391. If the estimated population is 20,000 the expected birthrate per annum should be 800 so this patient figure is also comporatively high.

In effect the statistics concerning children are not reliable. Babies with diahrrea or other health problems are brought to the facilities repeatedly for consultation and for prescription of ORS or various drugs, even though they may not have completed the original course.

The percentage of registered female patients is higher than the one of 16% presented by C.M.C (Disease in Rural Afghanistan Green book Data Analysis, August 1991). In Charkh district the percentage of female patients is 21% and in Baraki district 20%. This is largely due to the high patient figures of the two facilities with female health personnel.

4.3 Common Pathologies seen in the Facilities

The results from the data collection concerning common pathologies vary little between the two districts. In Baraki district the largest health problem at the time of the survey was diarrhea (30%) followed by respiratory problems (24%). In Charkh district diarrheal diseases were also the largest recorded health problem accounting for 30% of patients and respiratory diseases for 27%. Other health problems such as skin diseases, eye diseases, malaria and malnutrition were also recorded (see breakdown in Appendix VII).

The health personnel in the facilities should be encouraged to record common pathologies more systematically. If separate registers for new patients are kept and patients are not re-recorded every time they visit, then data collection would be more accurate. Patient registration and health records should be the responsibility of the senior staff member of each facility.

5. CONCLUSIONS AND RECOMMENDATIONS

PART I - HEALTH FACILITIES

As a result of the findings in Part I we conclude that there are too many health facilities in the two districts surveyed based on the estimated population figures and the activity of each facility. It is recommended that the present number of health facilities should be reduced to a maximum number of six facilities in Baraki and two in Charkh district.

The facilities in Baraki should be based in locations which serve as wide a cross-section of the community as possible. Those in the villages of Shikhai-Mirza, Cheltan, Shah-mazar and Padkhoab could serve a wider catchment area of patients if the less active facilities in Bazi-khel, Badani-khel, Topak, Pandeh, Akhad-Khil, and De-Doshanbe were closed. In Baraki-rajan bazaar only one facility is necessary of the three in the vicinity. In De-Sikh the facility is useful in this area because the only facility in Baraki-barak is a MCH clinic. In Charkh district all the facilities are well-located so it is a question of qualitative selection.

The facility staff should consist of one or two well-qualified health personnel (MD doctors, nurses or assistant doctors). According to patient numbers these senior staff should be assisted by two or three mid-level or basic health workers and two health educators. Each facility should also offer medical care for women in the form of a qualified female MD doctor, nurse or health worker able to diagnose and treat gynaecological problems. The senior doctor or qualified person of the facility should also be responsible for the managment of the facility: book-keeping, patient registration and store-keeping. The specialist services available already in the two districts are more than adequate if the qualified technicians are re-organised.

As mentioned before the drug kits supplied by the agencies do not contain dangerous drugs and contain useful items such as ORS, antiseptic solution, dressings and bandages. This survey did not aim to examine in detail the types of drugs used but simply to record the quantities provided by the supplying agencies in the area. It is clear, however, that there is unnecessary over-prescription of drugs by some of health personnel, who, if they do not have the drugs, will write prescriptions for their patients to buy powerful and often dangerous drugs in the bazaar. The problem of drug abuse has to be tackled by re-training of the health personnel with a greater emphasis on preventative medicine.

PART II - HEALTH PERSONNEL

The large number of health personnel of all categories and qualifications should be reduced to ensure smaller, better organised facilities. On the basis of eight facilities with a staff of seven-ten health personnel, (one-two senior staff, two-three mid-level health workers or basic health workers, two health educators, one female health worker/nurse and one specialist technician) the maximum number of health personnel in Baraki district should be 60 and in Charkh district 20.

The staff in these facilities would refer patients if they did not have specialist services available in their particular facility (such as laboratory or dental services) to other facilities and eventually the district hospital in Baraki-rajan. The quality of work, especially the diagnosis and treatment of common health problems, would be improved with this organisation of the health personnel.

One potential way to channel surplus health personnel is to re-train some mid-level health workers and basic health workers as health educators. These health educators would be concerned with disseminating public health messages and preventative care and would be mobile, visiting villages around the facilities and referring patients when necessary. To a certain extent dai-training programmes could run parallel to them, the women working in the villages who could refer difficult cases to the female nurse/health worker in the facility in order to circumvent the problem of mobility for female patients. AMIA has already run various dai-training programmes in Baraki district at the village level, and intends to link these to the MCH clinic in the hospital in Baraki-rajan.

As mentioned in the introduction, AMIA has already used some of the information from this survey to conduct training courses in public health for twenty health workers in Baraki district. Two sessions of six weeks were held with the emphasis on teaching the health workers how to inform their local communities about preventative health care, hygiene, sanitation and nutrition.

PART III - EPIDEMIOLOGICAL SURVEY

The most common health problems such as diahrrea, coughs and colds constitute the bulk of the work of the health personnel surveyed in these two districts. Patients with these health problems do not necessarily require extremely qualified staff to diagnose their illness and treat them. If all health personnel, however, practised more health education when dealing with these patients, an unnecessary expenditure of consultation time and inappropriate treatment should then cease.

CONCLUDING NOTE

Since this survey was carried out other agencies working in the health sector have already started implementing some of the ideas discussed in this report with direct effect on the surveyed area. For example, the IMC facility in Qala-e-Jaber, Baraki district, has been closed and SCA has greatly reduced the numbers of its health personnel throughout Afghanistan and therefore caused some diminution of staff in the facilities in this report. In fact, some of the information regarding health workers in the WHO database of May 1992 was already out-of-date at the time of the survey.

There is a general effort to reduce the numbers of unnecessary and poorly qualified health personnel, to review drug supplies and to encourage re-training of existing personnel. This report is intended to contribute to the process of re-evaluation and amelioration of health systems inside Afghanistan.

A SURVEY OF EXISTING HEALTH FACILITIES IN BARAKI AND CHARKH DISTRICTS, LOGAR PROVINCE

10th July - 29th August 1993

INTRODUCTION :

A. Background To Report.

This report is based on a survey carried out by Aide Medicale Internationale Afghanistan (AMIA) in two districts of Logar province. AMIA is a French medical organisation, based in Peshawar, which has been responsible for various health care training progammes inside Afghanistan and in Peshawar since 1981. AMIA has been worked in Logar province since 1985 and is currently rebuilding a 40 bed hospital located in Baraki-Rajan, Baraki district. This should be operational by the end of 1993 and is intended to be a centre of referral for the health systems in Baraki and Charkh districts.

AMIA conducted the survey in July and August 1992 for two reasons: firstly, to assess the major health problems of the area and the level of health care in which the hospital would function; secondly, to evaluate what re-training the local health workers required in order to upgrade their skills and to orientate them towards a good cooperation with the future hospital.

The information from the data collected in the survey has already been used by AMIA during the preparation of public health courses for 20 health workers from Baraki District in September and October 1992. The data and conclusions of this report will be made available to those organisations responsible for the health workers in the area surveyed, to members of ACBAR's Health Subcommittee, to WHO, and to other organisations involved in the sector of health care and health care worker training programmes.

B. Contents of the Survey

The survey was divided into three parts:-

Part I - Assessment of health facilities. The survey team visited and recorded the location of existing health facilities; the origin and numbers of patients attending each facility; the quantity of medecine supplied to them; the sources of supply; the condition of the medical equipment; and the type of specialist health care progammes available in each facility.

Part II - Assessment of the health personnel. This part of the survey set out to verify the numbers and qualifications of health personnel as reported in World Health Organisation's (WHO)

GLOSSARY

Health Personnel

For the purposes of this suvey AMIA has defined the following health personnel in terms of their training:

BHW -	Basic Health Worker	3-4 months training
FA -	First Aider	less than 6 months training
MLHW -	Mid level Health Worker	more than 6 months training
Ass Doc -	Assistant doctor	18 months training
Nurse -	Qualified nurse	3 years
MD -	Qualified MD Doctor	7 years

Health Centres:

BHWP - Basic Health Worker Post staffed by Basic Health Workers or First aiders.

Facility - For the purposes of this report, facility means a clinic or health centre consisting of two or more health personnel with a drug supply from the same agency

MCH - Mother and Child Health clinic

APPENDIX I

EVALUATION MISSION IN BARAKI & CHARKH DISTRICTS OF LOGAR PROVINCE

Clinic assessment

LOCATION AND IDENTIFICATION

Facility Name:		WHO ID No:
Location	District:	Village:
Committee:	Date established:	
Commander:	Party:	

PHYSICAL RESOURCE

Type of building:	Condition:
Energy source:	Electricity source:
Water supply:	Latrine:

Room No	Use	Aproximate size and furniture
Room No 1		
Room No 2		
Room No 3		
Room No 4		
Room No 5		
Room No 6		

SUPPORT INFORMATION

Source of support	Number of supplies a year	Quantity of medicine per supply

MEDICAL EQUIPMENT

Equipment description	Number	Condition, if bad describe Pb
Thermometer		
Stethoscope		
Blood pressure cuff		
Baby scale		
Suture instruments		
Dental instruments		
Microscope		
TB slide supply		
Malaria slide supply		
Hematocrit/hemoglobin Instrument		
Laboratory record		

SPECIAL PROGRAMMES OFFERED BY THE FACILITY

Type of programme	Staff & Equipments	Activities
Prenatal & Postnatal care		
Dai training		
Child growth monitoring		
Immunization		
Rehabilitation		
Prosthesis		
Malaria control		
Tuberculosis control		
Patient & community education		

QUANTITY OF HEALTH CARE DISTRIBUTION

Outpatient visits per month	
Inpatient admits per month	
Lobratory exam per month	
Dental care per month	

HEALTH PROBLEM INFORMATION

Health problem	Nb/month	%
Diarrheal disease		
Respiratory tract diseases		
Malaria		
Eye diseases		
Skin diseases		
Gynecological problems		
Nutritional problems		
Various symptoms		
Mine injuries		
War injuries (not including mines)		
Other problems not listed		

PATIENTS INFORMATION

Patients	Number	%
Children < 1y		
Children 1-5y		
Children 6-15y		
Men over 15y		
Women over 15y		
Total		

Village	Number	%

STAFF INFORMATION

Name	Father´s name	Working experience	Qualif.	Date, type training	Duration (month)

APPENDIX II

EVALUATION FORM FOR HEALTH WORKERS SKILLS

FACILITY IDENTIFICATION, NAME: WHO Id No:.
FACILITY LOCATION, PROVINCE:
DISTRICT:
VILLAGE:
HEALTH WORKER'S IDENTITY:

	SCORE	OBSERVATIONS
Public Health .Basic knowledge .Activities		
Nutrition		
Patient Examination .Technique .Recognition of signs		
Nursing & First Aid .Administratio of drugs .Nursing procedures		
Facility Management .Datas & Record .Facility cleanliness .Care of euipment .Staff management		
Health Problems *Pediatrics .Measles .Pertusis		
*W.C.H. .Abnormal Delivery .Abnormal Post-Partum		
*Dermatology .Impetigo .Allergic skin dieseases		
*Eye .Viral conjunctivitis		
*E.N.T. c .Common Cold .Tonsilitis		
*Respiratory .Bronchoitis .Pneumonia .Asthma .TB suspected		

EVALUATION FORM FOR HEALTH WORKERS SKILLS

FACILITY IDENTIFICATION, NAME: WHO Id No:
FACILITY LOCATION, PROVINCE:
DISTRICT:
VILLAGE:
HEALTH WORKER'S IDENTITY:

	SCORE	OBSERVATIONS
*Gastro-Intestinal .Diarrhea .Worms		
*Genito-Urinary .Cystitis		
*Infectious diseases .Malaria .Meningitis .Typhoid .Cholera .Hepatitis		

APPENDIX IV

HEALTH FACILITIES AND MEDICAL STAFF IN BARAKI DISRTICT

No	CLINIC	VILLAGE	ZONE	SUPPORT COMMITTEE	NAME	FATHER'S NAME	WORKING EXPERIENCE	TRAINING DURATION	Post	SCORE	COMMENTS
1	Abu-Abida 6 staff	Baraki Ranjan	A	SCA	Azizullah	Azimullah	4 Years	3 Years	Nurse	B	Partially filled green book
					Mohamad-Yassin	Mohamad-Hassan	10 Years	8 Months	MLHW	C	
					Safiullah	Amanullah	3 Years	3 Months	First A.	D	
					Abdul-Hadi	Amir-Jan	3 Years	9 Months	MLHW	C	
					Mohomad-Iqbal	Miramsha	22 Years	12 Months	MLHW	C	
					Jalaludin	Karimullah				ABS	
2	Nayeb-Aminullah 2 staff	Baraki Ranjan	A	SCA	Ezatullah	Bessmellah	24 Years	6 Months	Malaria T.	C	Green book not properly filled
					Janbaz	Joma Khan	10 Years	6 Months	MLHW	C	There is no lab. the Malaria t. works as HW
3	Mohamadullah-Shah 4 staff	Baraki Ranjan	A	MSH	Said-Arifullah	Said-Abdul-Jalil	45 Years	3 Years	Nurse	A	Green book not properly filled
					Amir-Mohamad	Taj-Mohamad	46 Years	3 Years	Nurse	A	
					Said-Aminullah	Said-Akbar	12 Years	3 Months	BHW	D	
					Immam-Jan	Mohamad-Jan	17 Years	3 Years	Nurse	B	
4	Khodaidad-Shahid	Baraki-Barak	B	MSH	Anis-Gul	Sayed-Mohamad	8 Years	3 Years	Nurse	A	Green book not used
5	Shikh-Hassan 4 staff	Deh-Shikh	C	SCA	Said-Fazludin	Said-Shamsudin	40 Years	3 Years	Nurse	A	Perfectly kept Green book
					Shir-Mohamad	Mir-Ahmad	5 Years	2 Years	MLHW	B	
					Mir-Agha	Noor-Mohamad	12 Years	6 Months	MLHW	C	
					Said-Fakhrudin	Said-Hamidudin				ABS	
6	Al-Jehad I 10 staff	Pad-Khoab	D	SCA	Abdul-Ghafar	Masjidi-Khan	27 Years	3 Years	Nurse	A	Perfectly kept Green book
					Abdullah	Mahmood-Khan	27 Years	3 Years	Nurse	A	
					Esmatullah	Mohamad-Sarwar	6 Years	6 Months	MLHW	B	
					Abdullah	Abdul-Majid	13 Years	2 Years	Nurse	B	
					Tazagul	Mohamad-Jan	5 Years	6 Months	MLHW	C	
					Mohamad-Asghar	Mohamad-Akbar	9 Years	6 Months	MLHW	B	
					Mohamad-Zafer	Mohomad-Rassoul	5 Years	6 Months	MLHW	C	
					Abdul-Razeq	Abdullah	10 Years	6 Months	MLHW	B	
					Mohamad-Barat	Sayed-Rassoul			Dental T.	ABS	
					Attaullah	Abdullah				ABS	

APPENDIX IY

HEALTH FACILITIES AND MEDICAL STAFF IN BARAKI DISRTICT

No	CLINIC	VILLAGE	ZONE	SUPPORT COMMITTEE	NAME	FATHER'S NAME	WORKING EXPERIENCE	TRAINING DURATION	Post	SCORE	COMMENTS
7	Shah-Mazar 7 staff	Shah-Mazar	E	SCA	Mohamad-Youssof	Sardar-Kan	7 Years	18 months	Ass.Doc.	A	Perfectly kept Green book
					Amrudin	Sarajudin	7 Years	4 Years	Pharmacist	A	
					Zarallam	Abdul-Qader	8 Years	3 Months	First A.	C	The Lab. Tec. & the Detal. T. were not assessed
					Aubidullah	Mohamad-Anwar	6 Years	6 Months	Dental T.	NA	
					Mohamad-Nabi	Faize-Mohamad	4 Years	4 Months	Lab. T.	NA	
					Ahmad-Gul	Mirajon	6 Years	4 Months	First A.	C	
					Mohamad-Aref	Torab-Khan				ABS	
8	Destgir 4 staff	Akan-Khel	E	SCA	Mohamad-Ibrahim	Mohamad-Aziz		18 months	Ass.Doc.	ABS	Partially filled green book (not every day)
					Zeyarat-Gul	Ghulam-Ali	7 Years	6 Months	MLHW	D	
					Mohamad-Sayed	Ghulam-Raza	7 Years	6 Months	MLHW	D	
					Abdul-Hamid	Abdul-Ahad	7 Years	6 Months	MLHW	D	
9	Baba-Shahid 3 staff	Pandeh	F	SCA	Shawali	Mohamad-Azim	4 Years	6 Months	MLHW	C	Green book not properly filled
					Mohamad-Haroon	Mohamad-Massm	4 Years	6 Months	MLHW	C	
					Ghulam-Bahai	Mir-Aghagul	4 Years	6 Months	MLHW	C	
10	Abdul-Sabor-Shahid 10 staff	Chiltan	G	SCA	Enayatullah	Abdul-Rashid	6 Years	20 Mnths	Lab. T.	B	Green book present and filled
					Nezamudin	Saheb-Din	5 Years	6 Months	MLHW	B	
					Abdul-Fatah	Ghulam-Jilani	3 Years	6 Months	MLHW	B	The Lab. Tech. was also working as a MLHW so he was assessed as such
					Mohamad-Barat	Mir Agha	13 Years	6 Months	MLHW	C	
					Rahmatullah	Safiullah	5 Years	6 Months	MLHW	C	
					Abdul-Ghafour	Mohamad-Karim		6 Months	MLHW	ABS	
					Shir-Ali	Abdulah-Jan		6 Months	Nurse	ABS	
					Mohamad-Ismail	Besmellah		6 Months	MLHW	ABS	
					Ahmadullah	Ghulam-Yassin		6 Months	MLHW	ABS	
					Farid-Ahmad	Mohamad-Sarwar		6 Months	MLHW	ABS	

APPENDIX IV

HEALTH FACILITIES AND MEDICAL STAFF IN BARAKI DISRTICT

No	CLINIC	VILLAGE	ZONE	SUPPORT COMMITTEE	NAME	FATHER'S NAME	WORKING EXPERIENCE	TRAINING DURATION	Post	SCORE	COMMENTS
11	Abu-Moslem-Khor 6 staff	Shikhi-Mirza	H	SCA	Noor-Ahmad	Ata-Mohamad	3 Years	7 Years	M.D.	A	Perfectly kept Green book
					Shir-Agha	Noorullah	31 Years	3 Years	Nurse	A	
					Mohamad-Jan	Ahmad-Jan	7 Years	6 Months	MLHW	B	The Lab. Tech. was also trained as a MLHW so he was assessed as such
					Sultan-Mohamad	Ghulam-Jan	7 Years	6 Months	MLHW	C	
					Nasir-Ahmad	Ata-Mohamad	7 Years	12 Months	Lab. T.	B	
					Jumagul	Noor-Mohamad	7 Years	6 Months	MLHW	D	
12	Abu-Muslim-Khor 2 staff	Bazi-Khel	I	MSH	FArid-Ahmad	Ghulam-Mohamad	3 Years	4 Months	BHW	C	No Green book
					Mohamad-Aajan	Mohamad-Khan	3 Years	4 Months	BHW	C	
13	Mohamadullah-Shahid 3 staff	Badani-Khel	I	MSH	Amanullah	Durani	3 Years	4 Months	BHW	C	Green book present but not filled
					Mozamel	Said-Yaqoub	3 Years	4 Months	BHW	C	
					Khalilullah	Khawani	3 Years	4 Months	BHW	C	
14	Sebghatullah-Shahid 2 staff	Topak	J	MSH	Faqir-Mohamad	Mohamad-Akram	4 Years	4 Months	BHW	C	Green book not properly filled
					Ali-Ahmad	Mohamad-Akram	3 Years	4 Months	BHW	C	
15	Qala-e-Jaber 3 staff	Qala-e-eJaber	K	IMC	Abdul-Mobin	Ghulam-Qadar	8 Years	12 Months	MLHW	A	Perfectly kept Green book
					Abdul-Wakil	Aziz-Jan	8 Years	12 Months	MLHW	A	
					Bashir-Ahmad	Dad-Mohamad	8 Years	12 Months	MLHW	A	
16	Al -Jehad II 6 staff	Deh-Dushanbe	L	SCA	Abdullah	Ahmad-Gul	4 Years	6 Months	Dental T.	NA	Green book not properly filled
					Mir-Ghulam	Sakhi-Ahmadgul	3 Years	6 Months	MLHW	B	
					Mohamad-Ismael	Mohamad-Khan	4 Years	6 Months	MLHW	ABS	
					Khiol-Mohamad	Sultan-Mohamad	3 Years	6 Months	MLHW	B	
					Immamudin	Amrudin	2 Years	6 Months	MLHW	C	
					Hamidudin	Ashbudin	4 Years	6 Months	MLHW	ABS	

database (Health Resources Information - May 1992) and to assess the knowledge and skills level of each.

Part III - Collection of Epidemiological data. This part of the survey set out to collect data on registered patients in the clinics in order to identify the most common pathologies, and to determine the breakdown of patients by sex and by age.

C. Major Findings From the Survey

Part I - Health Facilities

As a result of the survey AMIA finds that there are too many health facilities in the two districts. The population figures quoted for these two districts vary (see WHO and USAID) but AMIA estimates an average of 80,000 inhabitants in both districts, 60,000 inhabitants in Baraki and 20,000 in Charkh. WHO recommends on average one facility per 10,000-20,000 persons. This would mean three-six facilities in Baraki and one-two in Charkh. In this survey AMIA found sixteen facilities in Baraki and five in Charkh. In general the patient figures of the facilities were low, apart from a few exceptional cases.

The majority of patients preferred to use the facility in their local area and even those facilities offering specialised care such as laboratory, dental or female health care did not attract many patients from further afield. There seemed to be no system of referral between facilities.

The facilities surveyed were reasonably maintained and the health workers adequately supplied with limited medical equipment and drugs commensurate with their level of training.

Part II - Health Personnel

The survey found that there were too many health "personnel" (see glossary for different categories of health personnel surveyed) in both districts in comparison with the monthly activities of the facilities. This was particularly the case in Baraki district where 73 health personnel were recorded by the survey. The monthly total registered patients was 7,683 which gives a monthly activity of 105.2 patients per health person, or 4 patients per day. In Charkh district, total monthly patient numbers were 6,245 and 33 health personnel were identified, giving 189.2 patients per health person each month, or 7.2 per day. It was clear that most facilities were overstaffed.

In fact the survey found that there were sufficient "qualified" medical personnel (by qualified we mean MD doctors and nurses who had completed medical training in Kabul or assistant doctors with more than one year's training) to run health facilities in the

APPENDIX IY

HEALTH FACILITIES AND MEDICAL STAFF IN CHARKH DISRTICT

No	CLINIC	VILLAGE	ZONE	SUPPORT COMMITTEE	NAME	FATHER'S NAME	WORKING EXPERIENCE	TRAINING DURATION	Post	SCORE	COMMENTS
1	Austad 16 staff	Qala-e-Naw		SCA	Faqir-Mphamad	Jan-Mphamad	7 Years	5 Years	M.D.	A	Perfectly kept Green book
					Noor-Mohamad	Faiz-Mohamad	11 Years	7 Years	M.D.	A	
					Mohamad-Alem	Bash-Khan	15 Years	3 Years	Ass.Doc.	B	Two Lab. Tec. were not assessed
					Jamalludin	Abdullah-Jan	14 Years	6 Months	Lab. T.	NA	
					Abdul-Quduz	Mohamad-Hashim	2 Years	6 Months	Lab. T.	NA	
					Sayed-Mohamad	Juma-Jan	27 Years	3 Years	Nurse	C	
					Mohamad-Habib	Khaja-Mohamad	5 Years	3 Years	Nurse	ABS	
					Sahib-Khan	Hadji-Pudsha	5 Years	6 Months	Dental T.	ABS	
					Sayed-Mohamad	Agha-Mohamad	7 Years	5 Months	First A.	C	
					Mohamad-Usman	Mohamad-Zaman	7 Years	5 Months	First A.	ABS	
					Mohamad-Sabir	Mohamad-Sediq	7 Years	6 Months	MLHW	D	
					Mohamad-Bilal	Abdul-Hamid	7 Years	6 Months	MLHW	ABS	
					Rassul-Mohamad	Naz-Mohamad	9 Years	6 Months	MLHW	B	
					Mohibullah	Ghulam-Hider	7 Years	6 Months	MLHW	ABS	
					Abdul Wakil	Shah-Zaman	7 Years	6 Months	MLHW	ABS	
					Shah-Mohamad	Juma-Mohamad	7 Years	3 Years	Med.Stud.	C	
2	Forqanyar Shahid 8 staff	Bazaar-e-Charkh		SCA	Ghulam-Nabi	Azizullah	45 Years	3 Years	Nurse	A	Perfectly kept Green book
					Abdul-Jamil	Malek-Madad	5 Years	6 Months	Dental T.	ABS	
					Khaja-Mohamad	AQbdul-Manan	5 Years	6 Months	MLHW	ABS	
					Najibullah	Abdul-Majid	3 Years	3 Years	Nurse	ABS	
					Wasir-Mohamad	Haji-Mohamad	4 Years	6 Months	MLHW	C	
					Sultan-Mohamad	Sayed-Mohamad	4 Years	6 Months	MLHW	ABS	
					Monawar	Ghulam-Sarwar	5 Years	6 Months	MLHW	ABS	
					Nisar-Ahmad	Din-Mohamad	5 Years	4 Months	First A.	ABS	
3	Maulana Moh. Yaqub 3 staff	Bazaar-e-Charkh		SCA	Saleh-Mohamad	Raz-Mohamad	20 Years	3 Years	Nurse	B	Green book not properly filled
					Amir-Mohamad	Pir-Mohamad	30 Years	3 Years	Nurse	B	
					Ghulam-Rahman	Raz-Mohamad	7 Years	4 Months	First A.	C	
4	Shahid Mahaidin 4 staff	Qala-e-Mirak		SCA	Said-Fazludin	Said-Shamsudin	28 Years	3 Years	Ass.Doc.	A	Perfectly kept Green book
					Shir-Mohamad	Mir-Ahmad	23 Years	13 Months	MLHW	C	
					Mir-Agha	Noor-Mohamad	6 Years	17 Months	MLHW	B	
					Said-Fakhrudin	Said-Hamidudin	9 Years	4 Months	First A.	C	
5	7036 2 staff	Qala-e-Ahangaran		MSH	Aid-Mohamad	Mohamad-Noor	22 Years	3 Years	Nurse	B	Perfectly kept Green book
					Latifa	Mohomad-Rafiq	20 Years	3 Years	Nurse	ABS	

APPENDIX V

ORIGIN OF THE PATIENTS IN THE CLINICS OF BARAKI DISTRICT

(SOURCE, GREEN BOOKS, MONTH OF JUNE & JULY 1992)

No	CLINIC VILLAGE	ZONE	SUPPORT COMMITTEE	Patient Number	ZONE A B. Ranjan	ZONE B B.Barak	ZONE C Zaqum Kh.	ZONE D Padkhaob	ZONE E S. Mazar	ZONE F Pandeh	ZONE G Cheltan	ZONE H Shikhai	ZONE I Chelozai	ZONE J Topak	ZONE K Q.-e-Jaber	ZONE L Deh Doush.
1	Abu-Abida Baraki Ranjan	A	SCA	910 12%	910 100% 42%											
2	Nayeb-Aminullah Baraki Ranjan	A	SCA	240 3%	240 100% 11%											
3	Mohamadullah-Sh. Baraki Ranjan	A	MSH	816 11%	669 82% 31%		147 18% 20%									
4	Khodaidad-Shahi Baraki-Barak	B	MSH	870 11%		705 81% 84%	165 19% 22%									
5	Shikh-Hassan Deh-Shikh	C	SCAS	470 6%		33 7% 4%	437 93% 58%									
6	Al-Jehad I Pad-Khoab	D	SCA	194 3%	23 12% 1%	14 7% 2%		110 57% 47%	12 6% 1%							35 18% 6%
7	Shah-Mazar Shah-Mazar	E	SCA	455 6%	55 12% 3%				400 88% 34%							
8	Destgir Akan-Khel	E	SCA	442 6%					442 100% 38%							
9	Baba-Shahid Pandeh	F	SCA	180 2%						180 100% 100%						
10	Abdul-Sabor-Shah Chiltan	G	SCA	760 10%	273 36% 13%						403 53% 83%		84 11% 18%			
11	Abu-Moslem-Kho. Shikhi-Mirza	H	SCA	380 5%							80 21% 17%	106 28% 100%	80 21% 17%	114 30% 27%		
12	Abu-Muslim-Kho. Bazi-Khel	I	MSH	127 2%									127 100% 27%			
13	Mohamadullah-Sha. Badani-Khel	I	MSH	184 2%									184 100% 39%			
14	Sebghatullah-Sha. Topak	J	MSH	315 4%										315 100% 73%		
15	Qala-e-Jaber Qala-e-eJaber	K	IMC	1140 15%				126 11% 53%	319 28% 27%						239 21% 100%	456 40% 75%
16	Al -Jehad II Deh-Dushambe	L	SCA	200 3%		84 42% 10%										116 58% 19%
	TOTAL			7683	2170 28%	836 11%	749 10%	236 3%	1173 15%	180 2%	483 6%	106 1%	475 6%	429 6%	239 3%	607 8%

APPENDIX VI

BREAKDOWN OF THE PATIENTS OF BARAKI DISTRICT IN CATEGORIES OF AGE AND SEX

(SOURCES : GREEN BOOKS AND OBSERVATION OF ACTIVITY)

No	CLINIC VILLAGE	ZONE	SUPPORT COMMITTEE	Patient Number	CHILDREN <1 year		CHILDREN 1- 5 years		CHILDREN 6 -15 years		MEN >16 years		WOMEN >16 years	
1	Abu-Abida Baraki Ranjan	A	SCA	910	146	16%	227	25%	164	18%	282	31%	91	10%
2	Nayeb-Aminullah Baraki Ranjan	A	SCA	240	30	13%	55	23%	60	25%	30	13%	65	27%
3	Mohamadullah-Shah Baraki Ranjan	A	MSH	816	188	23%	245	30%	155	19%	122	15%	106	13%
4	Khodaidad-Shahid Baraki-Barak	B	MSH	870	200	23%	148	17%	113	13%	0	0%	409	47%
5	Shikh-Hassan Deh-Shikh	C	SCA	470	61	13%	99	21%	66	14%	193	41%	51	11%
6	Al-Jehad I Pad-Khoab	D	SCA	194	8	4%	21	11%	21	11%	109	56%	35	18%
7	Shah-Mazar Shah-Mazar	E	SCA	455	27	6%	77	17%	64	14%	182	40%	105	23%
8	Destgir Akan-Khel	E	SCA	442	26	6%	67	15%	75	17%	194	44%	80	18%
9	Baba-Shahid Pandeh	F	SCA	180	20	11%	45	25%	40	22%	50	28%	25	14%
10	Abdul-Sabor-Shahid Chiltan	G	SCA	760	99	13%	182	24%	243	32%	152	20%	84	11%
11	Abu-Moslem-Khor Shikhi-Mirza	H	SCA	380	46	12%	110	29%	76	20%	68	18%	80	21%
12	Abu-Muslim-Khor Bazi-Khel	I	MSH	127	14	11%	29	23%	19	15%	55	43%	10	8%
13	Mohamadullah-Shahi Badani-Khel	I	MSH	184	33	18%	53	29%	41	22%	33	18%	24	13%
14	Sebghatullah-Shahi Topak	J	MSH	315	120	38%	79	25%	44	14%	56	18%	16	5%
15	Qala-e-Jaber Qala-e-eJaber	K	IMC	1140	114	10%	171	15%	285	25%	262	23%	308	27%
16	Al -Jehad II Deh-Dushambe	L	SCA	200	28	14%	24	12%	38	19%	46	23%	64	32%
	TOTAL			7683	1160	15%	1632	21%	1504	20%	1834	24%	1553	20%

APPENDIX VI

BREAKDOWN OF THE PATIENTS OF CHARKH DISTRICT IN CATEGORIES OF AGE AND SEX															
(SOURCES : GREEN BOOKS AND OBSERVATION OF ACTIVITY)															
No	CLINIC VILLAGE	ZONE	SUPPORT COMMITTEE	Patient Number	CHILDREN <1 year		CHILDREN 1- 5 years		CHILDREN 6 -15 years		MEN >16 years		WOMEN >16 years	
1	Austad Qala-e-Naw		SCA	1850	18	1%	56	3%	592	32%	925	50%	259	14%
2	Forqanyar Shahid Bazaar-e-Charkh		SCA	1636	18	1%	348	21%	557	34%	574	35%	139	8%
3	Maulana Moh. Yaqub Bazaar-e-Charkh		SCA	359	122	34%	30	8%	37	10%	131	36%	39	11%
4	Shahid Mahaidin Qala-e-Mirak		SCA	1638	148	9%	229	14%	573	35%	377	23%	311	19%
5	7036 Qala-e-Ahangaran		MSH	770	85	11%	69	9%	39	5%	0	0%	577	75%
	TOTAL			6253	391	.6%	732	12%	1798	29%	2007	32%	1325	21%

BREAKDOWN OF COMMON PATHOLOGIES IN BARAKI HEALTH FACILITIES

(SOURCES : GREEN BOOKS AND OBSERVATION OF ACTIVITY)

No	CLINIC VILLAGE	ZONE	SUPPORT COMMITTEE	Patient Number	Diarrheal Disease		Respiratory Diseases		Malaria		Eye Diseases		Skin Diseases		Gynecological Diseases		Nutritional Problems		Various Symptoms		Other Problems	
1	Abu-Abida Baraki Ranjan	A	SCA	910	263	29%	277	30%	25	3%	52	6%	173	19%	40	4%	28	3%	32	4%	20	2%
2	Nayeb-Aminullah Baraki Ranjan	A	SCA	240	145	60%	30	13%	15	6%	10	4%	15	6%	10	4%	0	0%	0	0%	15	6%
3	Mohamadullah-Shah Baraki Ranjan	A	MSH	816	205	25%	191	23%	39	5%	90	11%	156	19%	6	1%	25	3%	70	9%	34	4%
4	Khodaidad-Shahid Baraki-Barak	B	MSH	870	180	21%	108	12%	0	0%	47	5%	49	6%	450	52%	23	3%	0	0%	13	1%
5	Shikh-Hassan Deh-Shikh	C	SCA	470	123	26%	67	14%	10	2%	32	7%	26	6%	11	2%	64	14%	90	19%	47	10%
6	Al-Jehad I Pad-Khoab	D	SCA	194	27	14%	50	26%	3	2%	16	8%	18	9%	9	5%	0	0%	32	16%	39	20%
7	Shah-Mazar Shah-Mazar	E	SCA	455	158	35%	98	22%	52	11%	45	10%	39	9%	6	1%	8	2%	49	11%		0%
8	Destgir Akan-Khel	E	SCA	442	93	21%	111	25%	49	11%	35	8%	40	9%	4	1%		0%	57	13%	53	12%
9	Baba-Shahid Pandeh	F	SCA	180	60	33%	30	17%	5	3%	25	14%	20	11%	10	6%	3	2%	0	0%	27	15%
10	Abdul-Sabor-Shahid Chiltan	G	SCA	760	241	32%	198	26%	24	3%	121	16%	109	14%	13	2%	3	0%	20	3%	31	4%
11	Abu-Moslem-Khor Shikhi-Mirza	H	SCA	380	182	48%	88	23%	23	6%	31	8%	35	9%	10	3%	3	1%	8	2%		0%
12	Abu-Muslim-Khor Bazi-Khel	I	MSH	127	33	26%	27	21%	4	3%	17	13%	23	18%	2	2%		0%	8	6%	13	10%
13	Mohamadullah-Shahid Badani-Khel	I	MSH	184	71	39%	32	17%	8	4%	25	14%	28	15%	0	0%	5	3%	9	5%	6	3%
14	Sebghatullah-Shahid Topak	J	MSH	315	108	34%	128	41%	18	6%	23	7%	20	6%	0	0%	7	2%		0%	11	3%
15	Qala-e-Jaber Qala-e-eJaber	K	IMC	1140	345	30%	378	33%	85	7%	120	11%	116	10%	23	2%	18	2%	30	3%	25	2%
16	Al -Jehad II Deh-Dushambe	L	SCA	200	90	45%	24	12%	0	0%	12	6%	35	18%	0	0%	12	6%	9	5%	18	9%
	TOTAL			7683	2324	30%	1837	24%	360	5%	701	9%	902	12%	594	8%	199	3%	414	5%	352	5%

APPENDIX VII

BREAKDOWN OF COMMON PATHOLOGIES IN CHARKH HEALTH FACILITIES

(SOURCES : GREEN BOOKS AND OBSERVATION OF ACTIVITY)

No	CLINIC VILLAGE	ZONE	SUPPORT COMMITTEE	Patient Number	Diarrheal Disease		Respiratory Diseases		Malaria		Eye Diseases		Skin Diseases		Gynecological Diseases		Nutritional Problems		Various Symptoms		Other Problems	
1	Austad Qala-e-Naw		SCA	1850	580	31%	440	24%	38	2%	59	3%	97	5%	8	0%	22	1%	401	22%	205	11%
2	Forqanyar Shahid Bazaar-e-Charkh		SCA	1638	557	34%	540	33%	49	3%	147	9%	98	6%	33	2%	49	3%	66	4%	99	6%
3	Maulana Moh.Yaqub Bazaar-e-Charkh		SCA	247	76	31%	63	26%	11	4%	18	7%	26	11%	3	1%	1	0%	37	15%	12	5%
4	Shahid Mahaidin Qala-e-Mirak		SCA	1740	531	31%	518	30%	72	4%	152	9%	186	11%	22	1%	12	1%	151	9%	96	6%
5	7036 Qala-e-Ahangaran		MSH	770	103	13%	112	15%	10	1%	18	2%	21	3%	438	57%	16	2%	24	3%	28	4%
	TOTAL			6245	1847	30%	1673	27%	180	3%	394	6%	428	7%	1156	19%	350	6%	1177	19%	923	15%

APPENDIX VIII

SUMARY OF THE MEDICAL STAFF AND THEIR SCORES

BARAKI

SCORES / STAFF	A	B	C	D	ABS	NA	
M.D.	1	0	0	0	0		1
Pharmacist	1	0	0	0	0		1
Nurse	7	3	0	0	1		11
Ass.Doc	1	0	0	0	1		2
MLHW	3	9	14	4	6		36
BHW	0	0	7	1	0		8
Dental T.	0	0	0	0	1	2	3
Lab T.	0	2	0	0	0	1	3
First A.	0	0	2	1	0		3
Malaria	0	0	1	0	0		1
UNDEFINED QUALIFICATION					4		4
TOTAL	13	14	24	6	13	3	73

CHARKH

SCORES / STAFF	A	B	C	D	ABS	NA	
M.D.	2	0	0	0	0		2
Pharmacist	0	0	0	0	0		0
Nurse	1	3	1	0	3		8
Ass.Doc	1	1	0	0	0		2
MLHW	0	2	2	1	6		11
BHW	0	0	0	0	0		0
Dental T.	0	0	0	0	2		2
Lab. T.	0	0	0	0	0	2	2
First A.	0	0	3	0	2		5
Malaria	0	0	0	0	0		0
Student	0	0	1	0	0		1
TOTAL	4	6	7	1	13	2	33

Appendix IX

MONTHLY ACTIVITY REPORTED BY THE FACILITIES OF BARAKI				
FACILITY	LOCATION	No OF PERSONNEL	MONTHLY ACTIVITY	AVERAGE PER STAFF
Abou-ObAida	BARAKI R	6	910	151.67
Baba-Saheb	PANDEH	3	180	60.00
Sikh-Hassan	ZAQUM KHEL	4	470	117.50
Nayeb-Aminullah	BARAKI R	2	240	120.00
Shahmazar	SHAH MAZAR	8	455	56.87
Al-Jehad-I	PADKHOAB	10	194	19.40
Al-Jehad-II	DEH DUSHAM	6	200	33.33
Abdul Jabor	CHELTAN	10	760	76.00
Destgir	SHAH MAZAR	4	442	110.50
Abumeslim-Khorasani	SHIKHAI	6	380	63.33
Kala-e-Jaber	KALA JABER	3	1140	380.00
Khodidad Shahid 7001	BARAKI B	1	870	870.00
Shahid-Sebghatullah	TOPAK	2	315	157.50
Shahid-Mula Mehmadullah	CHELOZAI	3	184	61.33
Mohmadullah-Shahid	BARAKI R	4	816	204.00
Abu-muslim Khorasani-1240	CHELOZAI	2	127	63.00
TOTAL BARAKI		73	7683	105.24

two districts although they were poorly distributed (for example of the three qualified MDs, two were working in the same clinic in Charkh).

There was also a clear need for more qualified female health workers.

The largest category of health personnel were the mid-level health workers (6-12 month training) followed by first aiders and basic health workers all of whom had limited diagnostic skills and no specialist training.

The survey also found that among all the health personnel there was a general lack of understanding of public health issues and health care management.

Part III - Epidemiological Data

According to the information provided by the green books in the facilities, the major health problems seem to be diahrrea, especially in the summer, and respiratory problems including common colds, coughs, flu and ear, nose and throat problems, which increase in the winter.

However the green book is more of a record of the activity of each facility rather than a real epidemiological tool. This is because the green book was created in order to log the activities of the health workers and enable them to justify their drug supplies. When collecting epidemiological data the problem of real patient figures arises because not all patients are written down in the green books, especially if they have not been prescribed drugs, and some patients with the same illness are written down every time they come to collect drugs, i.e. a patient coming for ORS every two days. For the purposes of real data collection the green books cannot be sufficient and can only mark general trends.

Women suffering from gynaecological problems were also hard to quantify in the survey as, according to interviews with health staff during the survey, the women did not use the health facilities for these types of problems unless there were female staff, hence the low statistics for gynaecological problems.

D. Outline of Report:

The report is divided into the following sections:

1) Methodology,
2) Results from Part I: Health facility assessment,
3) Results from Part II: Health personnel assessment,
4) Results from Part III: Epidemiological data collection,
5) Conclusions and Recommendations.

1. METHODOLOGY OF THE SURVEY

1.1 Assessment of the Health Facilities

- The survey sites were located according to information provided by a local nurse in Baraki-rajan who knew the area well. These sites were compared to those facilities listed in WHO's database of May 1992 and further checks were made during the survey by asking the health staff in each site to identify other potential sites. WHO's database lists twenty health facilities by facility identification number in this area, fourteen in Baraki district and six in Charkh district. AMIA found sixteen facilities in Baraki district and five in Charkh: these discrepancies are caused in some cases by the removal of facilities or health staff to different villages; other facilities did not exist in the database.

- Of the twenty-one facilities three were basic health posts run by basic health workers with three-four month's training, two were mother and child health clinics (MCH) run by female health workers, and sixteen were larger facilities staffed by between three and sixteen health personnel with varied levels of training.

- The locations of the sites visited are shown in the map in Appendix III. One facility were based in all of the major villages of Baraki district: Baraki-barak, Cheltan, De-shikh, De-doshanbe, Padkhoab, Pandeh, Qalai-jaber, Shahmazar and Shikhai-mirzakhil. Baraki-rajan bazaar had three facilities in its vicinity. In addition there were three basic health posts in the western part of Baraki district and one in Akhohad-khil.

- In Charkh district the distribution of the clinics is affected by the concentration of the population in a string of villages along the main valley floor, so all the clinics can be found within a one kilometre radius.

- For the purpose of assessing the origin of patients attending the facilities in Baraki district, the district was divided into different zones or sectors. These zones are the same as the pre-war divisions of the district by the local malaria control authorities. The division of the district into twelve zones is shown on the map in Appendix III. Charkh has been grouped as one zone only because the population is centralised in the main valley and the clinics are all located in the main bazaar area.

- Ten of the sites visited in Baraki district were sponsored by the Swedish Committee (SCA), five by Management Science for Health (MSH) and one by International Medical Corps (IMC). In Charkh district, four of the sites visited were sponsored by SCA and one by MSH, (see map in Appendix III).

- AMIA's survey team consisted of one Afghan MD monitor and an assistant. The monitor was briefed and supervised in both Peshawar and Baraki-Rajan by AMIA's expatriate Medical Coordinator.

- Information was collected for this part of the survey on a form adapted by AMIA from WHO's health facility monitoring questionnaire, (see example in Appendix I).

- The survey form was completed during visits to the health facilities, observation of daily activities, and interviews with the health personnel.

- For the purpose of collecting statistics on the numbers of patients and their origins the survey used the information recorded in the green books in each facility and collected patient numbers recorded for one month. If the green book was not in use, the monitor estimated average patient numbers by questioning the facility staff on daily figures and by recording patient numbers during daily activies for 2-3 days.

1.2 Assessment of the Health Personnel

- According to WHO's database (May 1992) 170 health personnel are listed in the two districts of the survey, 124 in Baraki, and 46 in Charkh district. During the survey the number of health personnel present and absent were recorded in each of the twenty-one facilities AMI visited.

- AMIA recorded 106 health personnel currently working in the health facilities that it visited: of these 80 staff members were present and 26 staff were absent at the times of the visits.

- For this part of the survey, the monitor, mentioned previously, used an evaluation form based upon the skills checklist used in Co-ordination of Medical Committees (CMC) 1991 survey of 9 provinces in Afghanistan (see skills checklist in Appendix II).

- The monitor evaluated the performance and competency level of the health staff by using the skills check list and by observing their normal daily activities in the facilities. The level of training and qualifications of each health worker were recorded and they were also questioned on their clinical knowledge and knowledge of health education.

- Every one of the health personnel assessed was awarded a rating from 0 to 10. At the end of the survey a final general score A, B, C or D was given to each one :

  - A : was for those with good basic knowledge and with almost perfect practical work;

- B : for those with medium basic knowledge who carried out their practical work without major mistakes;

- C : for those with low basic knowledge who made some errors in their practical work;
- D : for those with poor basic knowledge who also made unacceptable mistakes in their practical work.

Those dental, laboratory and malaria technicians who had been trained as health workers were also assessed and given scores on the basis of their health worker training. Their specialities were not assessed as the survey monitor was not qualified to do it.

1.3 Collection of Epidemiological Data.

- AMIA aimed to collect epidemiological data concerning the most common illnesses in this region in order to assist planning of a referral system for the hospital in Baraki-rajan.

- This data was collected on part of the clinic assessment form adapted from WHO's health facility monitoring questionnaire (see Appendix I).

- The only source of epidemiological data available in the field is the "green book" of each facility. These books do not stay in the facilities but are sent back regularly to the supplying agency when they are completed, so there are few long term records in the facilities.

- The survey therefore collected statistics on common health problems from 100 patients recorded in the previous month's activities in the green book in each facility. These 100 patients were taken at random in groups of ten from ten pages. If, as in some cases, the green book was not being regularly used, the monitor recorded the first 100 patients who visited the facility over a 2-3 day period. If during this time period there were less than 100 patients, the monitor made percentage estimates based on the first 50 patients.

2. RESULTS FROM PART I - ASSESSMENT of HEALTH FACILITIES

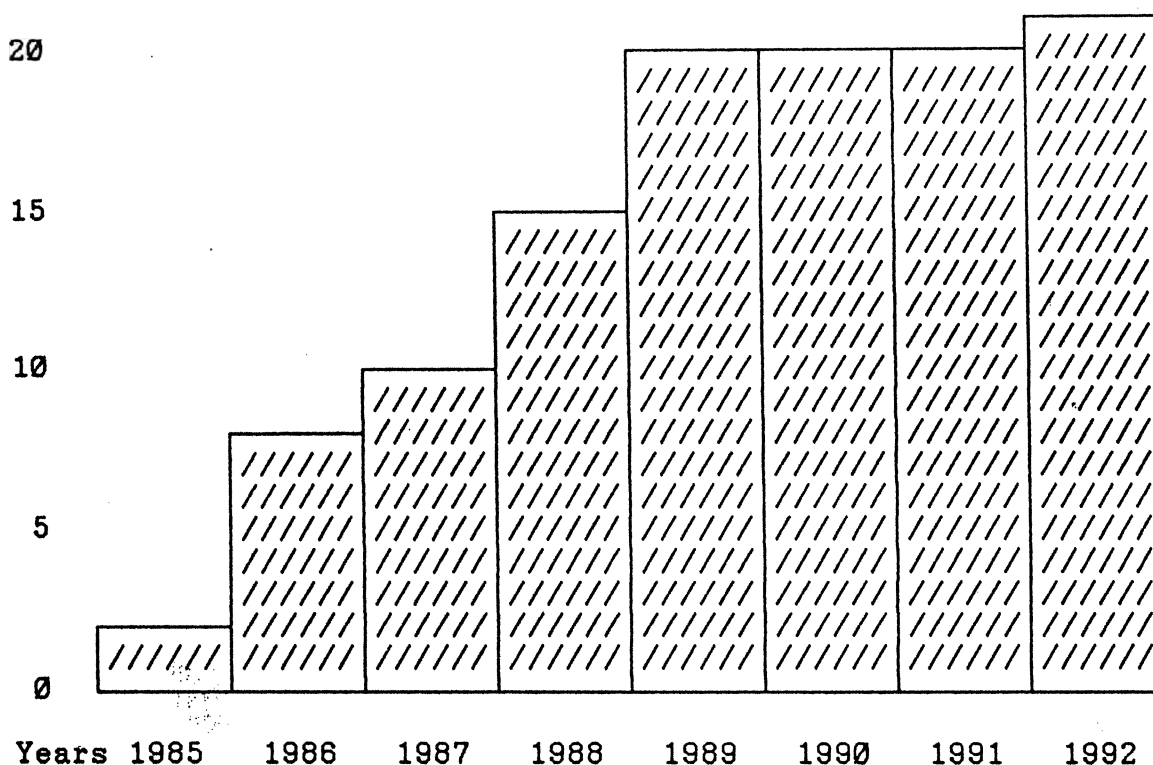
2.1 Number of the Health Facilities.

The estimated population of the project area is about 80,000 inhabitants, 60,000 in Baraki district and 20,000 in Charkh district. WHO recommends one facility per 10,000 - 20,000 which would mean three to six facilities in Baraki and one to two in Charkh. A maximum total of eight facilities. At the time of the

survey the population was served by sixteen health facilities in Baraki district and five in Charkh district. These facilities were located in all the larger villages of Barakai and the central bazaar area of Charkh (see map in Appendix III). AMIA found no other facilities during its survey of the two districts, however, as there are a considerable number of health personnel mentioned in WHO's database who were not working in the twenty one facilities visited, they may be working individually in the smaller villages.

None of these facilities were present in the project area before 1985, at which time two clinics were established. During 1986, 1988 and 1989 the number of clinics increased rapidly. Since 1989 there has only been one new facility, the MCH clinic in Baraki-barak in 1992, (see graph below).

ESTABLISHMENT OF HEALTH FACILITIES IN BARAKI AND CHARKH DISTRICTS
1985 - 1992



The graph shows that by the end of 1986 there were eight facilities established in the area. This number increased to ten in 1987, fifteen in 1988, and twenty in 1989. Since 1987, therefore, the number of facilities in this area has superseeded WHO's recommendations.

2.2 Patient Origins

An attempt was made during the survey to assess the origin of patients attending the facilities in the area in order to establish the utility and quality of each facility. Baraki district was divided into different zones or sectors according to pre-war divisions established by the local malaria control authorities. In Charkh district all the facilities were grouped in one zone as they are all located near each other in the main bazaar which serves the majority of the population.

As can be seen on the map in Appendix III, all twelve zones in Baraki district have at least one facility. In the case of zone A, the large bazaar in Baraki-rajan has attracted three clinics in the near vicinity. In zone E there is an additional facility in Akhoad-khil at the eastern end of the zone as well as in the main village of Shah-mazar in the western end of the zone. In zones I and J the small, scattered villages are served by two basic health posts in Chelozai zone and one basic health post in Tokpak zone. Baraki-barak village in zone B (Baraki-barak) is the district capital but during the war it was largely destroyed and Baraki-rajan became the most important bazaar. This is why Baraki-barak village has only one recently-opened facility, a MCH clinic.

In the table of patient origins (Appendix V) the monthly total of patients attending each facility is shown in the column "patient numbers". The patient figures are then broken down into the origin of patients attending the facility. The patient figures are shown horizontally with a percentage on the right hand side of each figure showing from which zone the patients originate. The table also shows the monthly number of patients in each zone with a vertical breakdown of percentages per facility (this figure is shown below each patient number).

For example; facility No. 5, Shikh-hassan, located in Deh-Shikh village, in zone C (Zaqum Khil), has a monthly total attendance of 870 patients. 705 (or 81%) patients come from zone B, 165 patients (or 19%) come from zone C. In zone B, 836 patients were registered in the facilities during this monthly period, 84% in Khodaidad-shahi facility in Baraki-barak village, 4% in Shikh-hassan facility, Deh-Sikh village and 2% in Al-jehad I facility, Padkhoab village.

In general patients in Baraki district use their local facility; as there is one in every zone this means the catchment area of each facility is limited to its immediate surrounds. In 14 of the 16 facilities a majority of patients are from their local zone; for 7 of these this majority is 100%, (see Appendix V).

There are some interesting points to be made based on the information in this table. Facilities offering specialist services do not attract patients from further afield. In the MCH

clinic in Baraki-barak, although the female health worker sees 26% of all female patients in the district, 81% of her patients are local, from zone B, and 19% from Zaqum-Khil zone C which is next door.

The facility in Shah-Mazar has a dental technician and a laboratory technician, however the bulk of its patients (88%) come from its own zone and 12% from zone A next door.

In the zones I and J there are only three basic health posts, but 66% and 73% of their patients, respectively, are satisfied with the facilities. Only 35% and 27%, respectively, of patients go to other zones, generally to the qualified MD in Shikhai-mirza in zone H.

A few facilities attract a more widespread clientele. As already mentioned the facility in Shikhai-mirza (sector H) has 51% patients who originate from zones I and J in which there are only basic health posts. The facility in Cheltan in zone G has 36% of its patients coming from zone A of Baraki-rajan. This is probably because zone A is very large and unpopulated in the middle so the villagers on the western side find it easier to travel to Cheltan than Baraki-rajan.

The facility in Qalai-jaber, zone K, would seem to be the most effective and well-situated facility of all as it has the second-highest patient figures in the whole district and 79% of its patients come from other zones. There is not an easy explanation for the high figures of this clinic, especially as it is only staffed by 3 mid-level health workers and there are no specialist programmes offered. The monitor found that this facility, however, did have the largest and most varied drug supply in the survey.

2.3 Patient Numbers

We have presumed that the population figures for Baraki and Charkh districts are 60,000 and 20,000 respectively. The total number of patients seeking medical treatment in Charkh district seems alarmingly high - 26% of the population; and above normal in Baraki - 7% of the population. There are two main reasons for these improbable figures.

Firstly, because there are so many facilities in both districts a patient can easily seek treatment, whether or not he is really sick. Patients are further encouraged to seek treatment because of the frequent prescription of free drugs. The fact that there are too many clinics is further emphasized by the numbers of patients per facility staff member which are extremely low, even though there is a high number of sick per number of inhabitants. On average 4 patients are seen per day in Baraki district per health worker. (See table of monthly activity in Baraki district in Appendix IX.)

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A SURVEY OF EXISTING HEALTH FACILITIES IN BARAKI AND CHARKH DISTRICTS, LOGAR PROVINCE.

10 July - 29th August 1992

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